10/15/2008 16:33

Image# 28933499177

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Association Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2008 09 3 0 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Barney Greenberg, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM 10 15 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Report Covering the Period:	From:	01 2008	To: 0 9 3 0 Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1	žooš ^v v		322669.36
(b) Cash on Hand at Begining of Reporting	Period	406718.04	
(c) Total Receipts (from L	ine 19)	29297.00	400503.09
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and 6(a) and 6(c) for Colur		436015.04	723172.45
Total Disbursements (from	Line 31)	145000.00	432157.41
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6	S(d))	291015.04	291015.04
Debts and Obligations owe	d TO		
the committee (Itemize all o Schedule C and/or Schedul		0.00	
Debts and Obligations ower			
the committee (Itemize all o Schedule C and/or Schedul	n	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

0 1 3^D0 М М м м 0 9 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 235317.12 10675.00 (i) Itemized (use Schedule A) 18622.00 159920.15 (ii) Unitemized (iii) TOTAL (add 29297.00 395237.27 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 1000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 29297.00 396237.27 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 4265.82 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 29297.00 400503.09 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 29297.00 400503.09 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Shared Federal/Non-Federal		
(Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	2670.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	2670.41
22.	Transfers to Affiliated/Other Party		
23. (CommitteesContributions to	0.00	0.00
á	Federal Candidates/Committeesand Other Political Committeesnd	145000.00	422750.00
(use Schedule E)	0.00	0.00
(Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
26. I	_oan Repayments Made	0.00	0.00
	oans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	2801.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2801.00
29. (Other Disbursements	0.00	3936.00
30.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	145000.00	432157.41
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	(Subtract Line 21(a)(ii) and Line 30(a)(ii)	The state of the s	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contribution Expenditure		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other from Line 11(d), page 3)	' I	29297.00	396237.27
34. Total Contribution Refunds (from Line 28(d))		0.00	2801.00
85. Net Contributions (other th (subtract Line 34 from Line)		29297.00	393436.27
36. Total Federal Operating Example (add Line 21(a)(i) and Line		0.00	2670.41
37. Offsets to Operating Expe (from Line 15, page 3)		0.00	0.00
38. Net Operating Expenditure (subtract Line 37 from Line		0.00	2670.41

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Associated Processing Services (In Full)	ne name and add	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Douglas F. Griffin Mailing Address East Valley Foot & A		3	Date of Receipt 0 9 0 2 2 0 0 8
6116 E. Arbor Ave. #	118 State	Zip Code	Transaction ID: 15867436
Mesa	AZ	85206-6104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Foot & Ankle Institute of Northern Uta Receipt For: Primary General Other (specify) ▼		n Physician e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard G. Lee Mailing Address 5252 St. Genevieve F	기.		Date of Receipt 0 9 0 2 2 0 0 8
City	State	Zip Code	Transaction ID: 15867449
Alexandria	VA	22315-3932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Donald E. Robinson			Date of Receipt
Mailing Address P.O. Box 589			09 02 2008
City	State	Zip Code	Transaction ID: 15873683
Devine	TX	78016-0589	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Self Employed	Occupatio Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	•		900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/51 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Association	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Mailing Address 100 Ayshire Ct.			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Slidell FEC ID number of contributing federal political committee.	State LA	Zip Code 70461-5034	Transaction ID: 15873689 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n E Physician e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Gary J. Francar Mailing Address 702 Hamilton St.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Manitowoc</u>	State WI	Zip Code 54220-5324	Transaction ID: 15873695 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed		: Physician	
Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Donald R. Green	l		Date of Receipt
Mailing Address 4708 Gabriel Way			09 03 7 2008
City La Mesa	State CA	Zip Code 91941-6834	Transaction ID: 15873696 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer San Diego Podiatry Group	Occupatio Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	ત્રી)		1050.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 51 (check only one) X 11a
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associat	ion Political A	Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Darlo G. Vander Wilt			Date of Receipt
	Mailing Address 7 Applewood Ln.			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 15873702
	Albuquerque	NM	87107-6403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		275.00
	Name of Employer Self Employed	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	275.00	
_	Full Name (Last, First, Middle Initial) Dr. David B. Alper			Date of Receipt
	Mailing Address 3 Oak Ave.			0 9 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 15873704
	Belmont	MA	02478-2751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
_	Full Name (Last, First, Middle Initial) Dr. Alan L. Balkansky			Date of Receipt
	Mailing Address 9210 Sunny Ridge Lr	١.		09 09 2008
	City	State	Zip Code	Transaction ID: 15875422
	Cedarburg	WI	53012-8948	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatric	n : Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		775.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any ir or for	nformation copied from such Reports and commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	AME OF COMMITTEE (In Full) merican Podiatric Medical Associati	on Political A	Action Committee	
	ıll Name (Last, First, Middle Initial) . Michael J. Marcus			Date of Receipt
	ailing Address 405 Goldenrod Ave.			09 08 2008
Ci		State	Zip Code	Transaction ID: 15884481
<u>C</u>	orona Del Mar	CA	92625-2913	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
Na Se	ame of Employer elf Employed	Occupatio Podiatric	n : Physician	
Re	eceipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
	ıll Name (Last, First, Middle Initial) . Terrence Klamet	1		Date of Receipt
Ma	ailing Address 1849 Shiloh Valley			09 08 2008
Ci		State	Zip Code	Transaction ID: 15884482
<u>C</u>	hesterfield	MO	63005-8420	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
Na Ad	ame of Employer dvanced Foot Care	Occupation Podiatric	n : Physician	
Re	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	ıll Name (Last, First, Middle Initial) : Robert I. Schwartz			Date of Receipt
Ma	ailing Address 235 Shadow Ledge Li	n.		09 / 08 / 2008
Ci		State	Zip Code	Transaction ID: 15884483
<u>R</u>	oswell	GA	30076-3667	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		150.00
Fo	ame of Employer oot & Ankle Centers of E. GA	Occupatio Podiatric	n : Physician	
Re	eceipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	250.00	
				900.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 51 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Geoffrey C. Bricker			Date of Receipt
Mailing Address 2122 E. Lon St.			09 08 2008
City Springfield	State MO	Zip Code 65803-4809	Transaction ID: 15884485 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Philip S. Newman			Date of Receipt
Mailing Address 9 Turtle Ct.			0 9 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15884491
Flemington FEC ID number of contributing federal political committee.	NJ C	08822-5947	Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Mark O. Ellis			Date of Receipt
Mailing Address 1166 11th St.			0 9 1 5 2 0 0 8
City Astoria	State OR	Zip Code 97103-2722	Transaction ID: 15885545 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07100 2722	300.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		700.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Associat	Statements may not be sold or used by any perse name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Howard M. Imanuel Mailing Address 7951 Gator Palm Dr. City Fort Myers FEC ID number of contributing federal political committee. Name of Employer The Podiatry Center	State Zip Code FL 33912-1619 C Occupation Podiatric Physician	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Craig S. Schein Mailing Address 4573 Bayley Hazen F	Rd.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15885768
Peacham	VT 05862	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Harvey R. Jacobs		Date of Receipt
Mailing Address 791 Dow Rd.		0 9 1 6 2 0 0 8
City	State Zip Code	Transaction ID: 15885770
Bridgewater	NJ 08807-1168	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Quality Foot Care Center	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 51 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	Statements may not be sold or used by any perse name and address of any political committee to on Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James D. Ritchlin Mailing Address 330 W. 5th Ave. City Columbus FEC ID number of contributing federal political committee. Name of Employer Colonial Podiatry Receipt For: Primary General Other (specify)	State Zip Code OH 43201-3112 C Occupation Podiatric Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. William Scott Newcomb Mailing Address 318 Spalding Rd City Wilmington FEC ID number of contributing federal political committee. Name of Employer Brandywine Podiatry Receipt For: Primary General Other (specify)	State Zip Code DE 19803-2422 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Maj. Sanford M. Chesler Mailing Address 2120 N. 124th Dr. City Avondale FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AZ 85392-6516 C Occupation Podiatric Physician Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	· 	800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 51 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Assoc	g the name and add	lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stephen H. Powless Mailing Address Park Nicollet Clinic 3900 Park Nicollet			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saint Louis Park	State MN	Zip Code 55416-2620	Transaction ID: 15925104 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33-10 2323	350.00
Name of Employer Self Employed Receipt For:	'	n Physician Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	350.00	
Full Name (Last, First, Middle Initial) Dr. Gene J. Caicco Mailing Address 55611 Pontiac Trl.	<u> </u>		Date of Receipt
City	State	Zip Code	0 9 2 3 2 0 0 8 Transaction ID: 15925113
New Hudson	MI	48165-9394	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth K. S. Mah			Date of Receipt
Mailing Address 14335 S.W. Allen I	Blvd. #102		09 24 2008
City	State	Zip Code	Transaction ID: 15927802
Beaverton	OR	97005-4402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation Podiatric	ı Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (options	al)		950.00

SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 51 (check only one) X
Any information copied from such Reports a property of the commercial purposes, other than using the commercial purposes.	and Statements may not be sold or used by any persog the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associ		
Full Name (Last, First, Middle Initial)		Data of Bassint
Dr. Darrell Duane Prins Mailing Address 3200 N.E. 30th St		Date of Receipt 0 9 2 4 2 0 0 8
City	State Zip Code	Transaction ID: 15927805
Lincoln City	OR 97367-5105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Lincoln County Foot Health	Occupation Podiatric Physician	
Center Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Joseph S. Wells		Date of Receipt
Mailing Address 39195 Calle De Co	ompanero	0 9 2 4 2 0 0 8
City	State Zip Code	Transaction ID: 15927806
Murrieta	CA 92562-7135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Mark O. Ellis		Date of Receipt
Mailing Address 1166 11th St.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15927810
<u>Astoria</u>	OR 97103-2722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 51 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Lawrence M. Mandel		Date of Receipt
Mailing Address 7605 W. 148th Ter. City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Overland Park	KS 66223-2208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Foot & Ankle Specialists	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Eric John Polansky		Date of Receipt
Mailing Address Advanced Foot & Ank 1000 W. Michigan St.		09 25 2008
City <u>Sidney</u>	State Zip Code OH 45365-2404	Transaction ID: 15933602
FEC ID number of contributing federal political committee.	OH 45365-2404	Amount of Each Receipt this Period 300.00
Name of Employer Advanced Foot & Ankle Care	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Henry M. Asin		Date of Receipt
Mailing Address 1242 Westchester Dr		09 25 YYYYY 2008
City	State Zip Code	Transaction ID: 15933603
Oklahoma City	OK 73114-1215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .	1	800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 51 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Daniel F. Byrd		Date of Receipt
Mailing Address 615 N.W. 4th St.	2:0.1	09 29 2008
City Pendleton	State Zip Code OR 97801-1414	Transaction ID: 15943891 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 37001-14-14	300.00
Name of Employer Blue Mountain Foot Specia- lists	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Brooks A. Young		Date of Receipt
Mailing Address 9624 Corliss Ct.		09 / 29 / 2008
City	State Zip Code	Transaction ID: 15943917
De Soto	KS 66018-9300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Mark A. Rosales		Date of Receipt
Mailing Address 3451 S. Debbie St.		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 15943919
<u>Flagstaff</u>	AZ 86001-8557	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	1
)	850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 51 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	Statements may not be sold or used by any perse name and address of any political committee to on Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Scott Michael Aronson Mailing Address 16 Scarlet Ct. City North Easton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MA 02356-3625 C Occupation Podiatric Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y O 9 3 0 2 0 0 8 Transaction ID: 15947913 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Carol F. LaRose Mailing Address Alliance Foot & Ankle 2741 Debarr Rd. #C3 City Anchorage FEC ID number of contributing federal political committee. Name of Employer Alliance Foot & Ankle Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y 2 2 2 2 0 0 8 Transaction ID: 15983820 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Jon R. Goldsmith Mailing Address Foot & Ankle Center of 7337 Dodge St. City Omaha FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NE Receipt For: Primary General Other (specify)	State Zip Code NE 68114-3613 C Occupation Podiatric Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / 26 / 2008 Transaction ID: 15983827 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 51 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) American Podiatric Medical Association	n Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Joan M. Meyer Mailing Address 3240 Purer Rd. City	State Zip Code	Date of Receipt M M
Escondido FEC ID number of contributing federal political committee. Name of Employer	CA 92029-7250 C Occupation	Amount of Each Receipt this Period 500.00
Self Employed Receipt For: Primary General Other (specify)	Podiatric Physician Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	>	500.00
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<u>/</u>	Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee					Date	of Dist	ourse				
	Mailing Address 607 14th Street N.W. Suite 800					0 ^M 9	M /	^D 0	4 /	Ý Ž	0 ŏ 8	Y
	City Washington	State Zip Code DC 20005				Amou	ınt of E	ach [Disburs			-
	Purpose of Disbursement			01	_			•		50	00.00	
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	Full Name (Last, First, Middle Initial) Vic Snyder for Congress Committee					Date	of Disk	ourse				
	Mailing Address PO Box 250998					0 9	M /	0	4 /	y ž	0 Ď 8	Y
	City Little Rock	State Zip Code AR 72225				Amou	ınt of E	ach [Disburs			-
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	Candidate Name Mr. Vic Snyder			ateç Typ	gory/ e							
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Inslee For Congress				Date of Disbursement O 9
Mailing Address PO Box 33027				09 / 10 / 2008
City Seattle	State WA	Zip Code 98133		Amount of Each Disbursement this Perio
Purpose of Disbursement			011	2500.00
Candidate Name Rep. Jay Inslee			Category/ Type	
Senate President	bursement For: Primary Other (sp	2005 X General ecify)		
State: WA District: 01 Full Name (Last, First, Middle Initial)				Transaction ID: 15879562
Nadler For Congress Inc.				Date of Disbursement
Mailing Address 32 Union Square Ea Ste. 418				09 10 2008
City New York	State NY	Zip Code 10003		Amount of Each Disbursement this Perio
Purpose of Disbursement			011	1000.00
Candidate Name Rep. Jerrold L. Nadler			Category/ Type	
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President State: NY District: 08	• (0)	<i>37</i> , •		

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SCHEDULE B (FEC Form 3X)	Use separate scriedule(s) (check of			-	R:	P	PAGE 21/51							
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American Podiatric Medical Association Po	olitical Action Committee)												
Full Name (Last, First, Middle Initial) CAMPAC						Date	of D	isburs	ser					
Mailing Address 5915 Eastman Ave Suite 100						0 9	М	/ D.	1 (0 /	` 2	Σ́οŏ	8 [*]	
City Midland	State Zip Code MI 48640					Amou	ınt o	f Eacl	h [Disburs	-			od
Purpose of Disbursement			()11							2	500.0	0	
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Full Name (Last, First, Middle Initial) Matheson For Congress						Date	of D	isburs	ser					
Mailing Address 677 South 200 West Suite A						0 ^M 9	М	/ D	1 (o /	2	Σ́οŏ	8 ^Y	
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Candidate Name Rep. James D. Matheson				egory/ ype										
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Full Name (Last, First, Middle Initial) Re-Elect Brian Bilbray For Congress						Trans Date	of D	isburs	ser					
Mailing Address 2466 Unicornio Street						0 9	М	/ D	1 (0 /	ž	δοό	8 [°]	
•	State Zip Code CA 92009					Amou	ınt o	f Eacl	h [Disburs	emer	nt this	Perio	od
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	Citizens To Elect Rick Larsen Mailing Address PO Box 326							isburs	eme	nt / N	ž	o ŏ 8	Y
	City Everett	State Zip Code WA 98206				Amou	unt o	f Eacl	n Dis	burse	-	t this F	-
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	Candidate Name Rep. Rick Larsen Office Sought: X House Di	sbursement For: 2005		ateg Typ	ory/ e	_							
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	Full Name (Last, First, Middle Initial) Udall For Us All					Trans Date		on ID			573		
	Mailing Address P.O. Box 208					0 9	М	/ D	1 0	/ Y	Ž	o ŏ 8	Y
	City Santa Fe	State Zip Code NM 87504				Amou	unt o	f Eacl	n Dis	burse		t this F	
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	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign C	ommittee				Trans Date	of D	isburs	eme		-		
	Mailing Address 6380 Wilshire Blvd	#1612				0 9	М	/ D	1 0	/ L	Ž	0 ŏ 8	Y
	City Los Angeles	State Zip Code CA 90048				Amou	unt o	f Eacl	n Dis	burse	-	t this F	-
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FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29			
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American Podiatric Medical Association	Political Action Committee)				
Full Name (Last, First, Middle Initial) Courtney For Congress			Transaction ID: 15879575 Date of Disbursement			
Mailing Address 38 Risley Road			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & 0 \\ 0 & 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 0 & 0 & 8 \\ Y & 2 & 0 & 0 & 8 \end{bmatrix}$			
City Vernon	State Zip Code CT 06066		Amount of Each Disbursement this Peri			
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Candidate Name Rep. Joseph Courtney		Category/ Type				
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Full Name (Last, First, Middle Initial) Porter For Congress			Transaction ID: 15879577 Date of Disbursement			
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City Las Vegas	State Zip Code NV 89126		Amount of Each Disbursement this Peri			
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Spratt For Congress Committee			Transaction ID: 15879578 Date of Disbursement			
Mailing Address PO Box 830			09 10 2008			
City York	State Zip Code SC 29745		Amount of Each Disbursement this Peri			
Purpose of Disbursement		011	1000.00			
Candidate Name Rep. John M. Spratt, Jr.		Category/ Type				
Office Sought: X House Disbrict Senate President	ursement For: 2005 Primary X General Other (specify) ▼					
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<u>/</u>	Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign	Committee				Date	of Dis	burse		79579	9	
	Mailing Address P. O. Box 1973					0 ^M 9	M /	1	0 /	Y 2	ž o ŏ 8	3
	City St. Petersburg	State Zip Code FL 33731				Amou	int of I	Each	Disbur		nt this F	
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	Candidate Name Rep. C.W. Bill Young		C	ate Typ	gory/ pe							
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	State: FL District: 10 Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	158	79580)	
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	City Detroit Lakes	State Zip Code MN 56501				Amou	int of I	Each	Disbur	semer	nt this F	Perio
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	State: MN District: 07 Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee								158	7958	5	
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	City Fremont	State Zip Code CA 94537				Amou	ınt of I	Each	Disbur	semer	nt this F	Perio
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	Candidate Name Rep. Fortney Peter Stark] ['] C	_	gory/							
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American Podiatric Medical Association Po	olitical Act	ion Committee)	
Full Name (Last, First, Middle Initial) Wolverine PAC				Transaction ID: 15879589
				Date of Disbursement
Mailing Address 607 14th St, NW Ste. 800				09 10 12008
City W	State DC	Zip Code 20005		Amount of Each Disbursement this Period
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Congressman Bart Gordon Committee				Date of Disbursement
Mailing Address P.O. Box 2008				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Murfreesboro	State TN	Zip Code 37133		Amount of Each Disbursement this Period
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Candidate Name Rep. Bart Gordon			Category/ Type	
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Full Name (Last, First, Middle Initial) A Whole Lot Of People For Grijalva Congr	essnl Cmt	te		Transaction ID: 15879598 Date of Disbursement
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<u> </u>	ement For:	2005	Туре	-
	Primary	X General		
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President				7000.00

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SCHEDULE B (FEC Form 3X)	Harris I. J. 11.43	FOR LINE	NUMBER: PAGE 26 / 51
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NAME OF COMMITTEE (In Full)			
American Podiatric Medical Association F	Political Action Committee		
Full Name (Last, First, Middle Initial) Langevin For Congress			Transaction ID: 15879648 Date of Disbursement
Mailing Address 181-A Knight St			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Warwick	State Zip Code RI 02886		Amount of Each Disbursement this Period
Purpose of Disbursement		-	1000.00
		011	
Candidate Name Rep. James R. Langevin		Category/ Type	
Office Sought: X House Senate President Disburs	ement For: 2005 Primary X General Other (specify)	7,62	
State: RI District: 02	, (sp), V		
Full Name (Last, First, Middle Initial) Pascrell for Congress			Transaction ID: 15879706 Date of Disbursement
Mailing Address 63 Quartz lane			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Paterson	State Zip Code NJ 07501		Amount of Each Disbursement this Period
Purpose of Disbursement	Г	011	2000.00
Candidate Name Rep. Bill Pascrell, Jr.		Category/ Type	
Office Sought: X House Disburs Senate President	ement For: 2005 Primary X General Other (specify)		
State: NJ District: 08	_ cars. (openly) V		
Full Name (Last, First, Middle Initial)			Transaction ID: 15879916
Van Hollen For Congress			Date of Disbursement
Mailing Address 10605 Concord St., Ste	202		$\begin{bmatrix} 0 & 9 & M \end{bmatrix}$ / $\begin{bmatrix} 0 & 1 & 0 \\ 1 & 0 \end{bmatrix}$ / $\begin{bmatrix} 0 & 0 & 0 \\ 1 & 2 & 0 & 0 \end{bmatrix}$
City Kensington	State Zip Code MD 20895		Amount of Each Disbursement this Period
Purpose of Disbursement	I		5000.00
Candidate Name Rep. Chris Van Hollen		011 Category/	
	ement For: 2005 Primary X General Other (specify)	Туре	
State: MD District: 08	· ·		
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NAME OF COMMITTEE (In Full) American Podiatric Medical Association F								
Full Name (Last, First, Middle Initial) Hoyer For Congress								
Mailing Address 7905 Malcolm Road Su	ite 102		099 / 010 / 2008					
City Clinton	State Zip Code MD 20735	e	Amount of Each Disbursement this Perio					
Purpose of Disbursement		011	5000.00					
Candidate Name Rep. Steny H. Hoyer		Category/ Type						
Office Sought: X House Disburs Senate President State: MD District: 05	sement For: 200 Primary X Ge Other (specify)	-						
Full Name (Last, First, Middle Initial) Akaka In 2012			Transaction ID: 15880139 Date of Disbursement					
Mailing Address PO Box 3169	Mailing Address PO Box 3169							
City Honolulu	State Zip Code HI 96802	e	Amount of Each Disbursement this Perio					
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Candidate Name Sen. Daniel Akaka		Category/ Type						
X Senate 2 President	sement For: 201 K Primary Ge Other (specify)	2 eneral						
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Mailing Address 818 Connecticut Ave. N Suite 1100								
City Washington	State Zip Code DC 20006	e 	Amount of Each Disbursement this Perior 2500.00					
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Full Name (Last, First, Middle Initial) Nathan Deal For Congress Mailing Address PO Box 902 PO Box 902 City Gainesville Purpose of Disbursement	State Zip Code GA 30503		Date 0 9	saction ID: of Disburse	ement 0 /	Ž 0 Ŏ 8	Period
Candidate Name Rep. Nathan Deal	sement For: 2005 Primary X General Other (specify)	011 Category Type		8 8 /			
Full Name (Last, First, Middle Initial) Doyle For Congress Committee Mailing Address 2227 Hampton Street				of Disburse	ement)150 ´ Ž Q Õ 8	B ^Y
City Pittsburgh Purpose of Disbursement Candidate Name Rep. Michael F. Doyle Office Sought: X House Disbursemate	State Zip Code PA 15218 sement For: 2005 Primary X General Other (specify)	011 Category, Type		unt of Each	Disburse	ement this F	
Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress Mailing Address PO Box 9336 City Fargo Purpose of Disbursement Candidate Name Rep. Earl Pomeroy	State Zip Code ND 58106 sement For: 2005 Primary X General Other (specify)	011 Category, Type	Date 0 9	saction ID: of Disburse M / D 1 unt of Each	ement 0 /	Ž 0 Ŏ 8	Period
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NAME OF COMMITTEE (In Full)										
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Full Name (Last, First, Middle Initial)					action			156		
Mike Ross For Congress Committee					of Disbu	ırseme	ent / v	,	Υ .	Y
Mailing Address PO Box 360				0 9	<u>"</u>]	10	Ľ	2	o ŏ e	
City Prescott	State Zip Code AR 71857			Amour	nt of Ea	ch Dis	burse	men	t this F	Period
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Candidate Name Rep. Michael A. Ross		Category Type	//							
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Full Name (Last, First, Middle Initial)				Transa	action	ID: 1	5880	158		
Dave Camp For Congress					f Disbu		ent	,	/ .	W
Mailing Address 2501 Wisconsin Avenue Ste. 304				0 9	M /	10	/ L	ž	o ŏ e	Y
City Washington	State Zip Code DC 20007			Amour	nt of Ea	ch Dis	burse			-
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Candidate Name Rep. David Lee Camp		Category Type	//							
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Full Name (Last, First, Middle Initial) Leadership Today and Tomorrow PAC					action of Disbu	-		159		
Mailing Address 9869 Easton Drive				0 9	M /	10	/ Y	ž	o ŏ e	Y
City Beverly Hills	State Zip Code CA 90210			Amour	nt of Ea	ch Dis	burse	men	t this F	Period
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Ma	Mailing Address 6380 Wilshire Blvd. #1612								0 ^M 9	М	[/] 1	0 /	Y	ž o ŏ 8	Y
	y s Angeles rpose of Disbu	rsement		State CA	Zip Code 90048	_		_	Amou	int o	f Each	Disbu		nt this F	
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\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Association F			
<u> </u>	Full Name (Last, First, Middle Initial) Committee To Reelect Congressman Chi	is Smith		Transaction ID: 15880188 Date of Disbursement
	Mailing Address P.O. Box 3184 P.O. Box 3184			M9 M / D1 D / Y 2 0 0 8 Y
	City Hamilton	State Zip Code NJ 08619		Amount of Each Disbursement this Period
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	Rep. Christopher H. Smith	ement For: 2005	Type	_
	Senate President	Primary X General Other (specify) ▼		
	State: NJ District: 04 Full Name (Last, First, Middle Initial) Carper For Senate			Transaction ID: 15915006 Date of Disbursement
	Mailing Address 19 East Commons Blvd	Second Floor		099 / D 17 / Y Y Y O N 8 Y
	City New Castle	State Zip Code DE 19720		Amount of Each Disbursement this Perio
	Purpose of Disbursement		011	2500.00
	Candidate Name Sen. Thomas R. Carper		Category/ Type	
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	City Harrisonville			State MO	Zip Code 64701					Amou	nt o	f Eacl	n D	isburs	emen	t this	Perio
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N	Mailing Address 462 California Road									0 ^M 9	М	/ D .	1 7	′ [Ý Ž	οŏε	8 ^Y
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	y Information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	name and address of any politica	committee to solid	
<u>V_</u>	Full Name (Last, First, Middle Initial) Schakowsky For Congress Mailing Address P.O. Box 5130			Transaction ID: 15915011 Date of Disbursement M 9 M / D 1 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Evanston Purpose of Disbursement	State Zip Code IL 60204		Amount of Each Disbursement this Period
	Candidate Name Rep. Janice D. Schakowsky		011 Category/ Type	
	Office Sought: X House Senate President State: IL District: 09	oursement For: 2005 Primary X General Other (specify) ▼		
	Full Name (Last, First, Middle Initial) John Salazar For Congress Mailing Address P.O. Box 534			Transaction ID: 15915013 Date of Disbursement M 9 M / D 1 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Pueblo Purpose of Disbursement	State Zip Code CO 81002		Amount of Each Disbursement this Period
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	Office Sought: X House Senate President State: CO District: 03	oursement For: 2005 Primary X General Other (specify) ▼		
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Full Name (Last, First, Middle Initial) Ellison For Congress Mailing Address PO Box 11818			Transaction ID: 15915020 Date of Disbursement M M M / D D D / Y Y Y O N 8
City Minneapolis	State Zip Code MN 55411		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Keith Ellison	_	Category/ Type	
Office Sought: X House Senate President State: MN District: 05	resement For: 2005 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 15915022
Shelley Moore Capito For Congress			Date of Disbursement
Mailing Address P.O. Box 11519			$\begin{array}{c c} & \begin{array}{ccccccccccccccccccccccccccccccccccc$
City Charleston	State Zip Code WV 25339		Amount of Each Disbursement this Period
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Rep. Shelley Capito		Category/ Type	
Office Sought: X House Senate President State: WV District: 02	rsement For: 2005 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Butterfield For Congress Committee			Transaction ID: 15915024 Date of Disbursement
Mailing Address 800 W Hines Street			09 7 17 7 2008
City Wilson	State Zip Code NC 27893		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. George Butterfield		Category/ Type	
Senate President	rsement For: 2005 Primary X General Other (specify) ▼		
State: NC District: 01			

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EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27 27	22 X 23 24 25 28 28 28 29
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NAME OF COMMITTEE (In Full) American Podiatric Medical Association I			
Full Name (Last, First, Middle Initial) Mike Mcintyre For Congress			Transaction ID: 15915025 Date of Disbursement
Mailing Address P.O. Box 1			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Lumberton	State Zip Code NC 28359		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Mike McIntyre		Category/ Type	
Office Sought: X House Senate President State: NC District: 07	sement For: 2005 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Friends Of John Kerry			Transaction ID: 15915026 Date of Disbursement
Mailing Address 511 C Street Ne			$\begin{bmatrix}\begin{smallmatrix}M&9&M\\0^9&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&1&0\\1&7\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&2&9&0&8&Y\\2&0&0&8&Y\end{smallmatrix}$
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name Sen. John Kerry		Category/ Type	
Office Sought: House Disbure	sement For: 2005 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel			Transaction ID: 15915031 Date of Disbursement
Mailing Address P.O. Box 101124			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ I & 2 & 0 & 0 & 8 \end{bmatrix}$
City Chicago	State Zip Code IL 60610		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Rahm Emanuel		Category/ Type	
Senate President	sement For: 2005 Primary X General Other (specify) ▼		
State: IL District: 05			
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or for commercial purposes, other than using the name and address of any political NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee Mailing Address PO Box 1949 City State Zip Code IL 62705 Purpose of Disbursement Candidate Name Sen. Richard J. Durbin Office Sought: House State: IL District: President State: IL District: Full Name (Last, First, Middle Initial) Costello For Congress Committee Mailing Address P. O. Box 8250 City State Zip Code IL 62222 Purpose of Disbursement Candidate Name Rep. Jerry Costello Office Sought: X House Primary X General Primary X General Other (specify) ▼ Candidate Name Rep. Jerry Costello Office Sought: X House Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address 104 Hume Avenue City State: IL District: 12 Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address 104 Hume Avenue City State Zip Code Other (specify) ▼ Candidate Name Rep. Fred Upton Office Sought: X House Senate Primary X General Purpose of Disbursement Candidate Name Rep. Fred Upton Office Sought: X House Senate Primary X General Other (specify) ▼ City Alexandria District: 06	e 21b 22 X 23 24 25 27 28a 28b 28c 29	$oxed{oxed}$
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City Belleville IL 62222 Purpose of Disbursement Candidate Name Rep. Jerry Costello Office Sought:	Transaction ID: 15915035 Date of Disbursement	
Belleville IL 62222 Purpose of Disbursement Candidate Name Rep. Jerry Costello Office Sought: X House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address 104 Hume Avenue City State Zip Code Alexandria VA 22301 Purpose of Disbursement Candidate Name Rep. Fred Upton Office Sought: X House Senate Primary X General Other (specify) ▼ State: MI District: 06	099 / 17 / 2008	Y
Candidate Name Rep. Jerry Costello Office Sought:	Amount of Each Disbursement this P	erio
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Senate President President State: IL District: 12 Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address 104 Hume Avenue City Alexandria Purpose of Disbursement Candidate Name Rep. Fred Upton Office Sought: Senate Primary X General Other (specify) Name Name Name Name Name Name Name Nam	Category/ Type	
Full Name (Last, First, Middle Initial) Upton For All Of Us Mailing Address 104 Hume Avenue City State Zip Code Alexandria VA 22301 Purpose of Disbursement Candidate Name Rep. Fred Upton Office Sought: X House Senate Primary X General President State: MI District: 06	al	
City State Zip Code VA 22301 Purpose of Disbursement Candidate Name Rep. Fred Upton Office Sought: X House Senate Primary X General Other (specify) State: MI District: 06	Transaction ID: 15915037 Date of Disbursement	
Alexandria VA 22301 Purpose of Disbursement Candidate Name Rep. Fred Upton Office Sought: X House Senate Primary X General President State: MI District: 06	099 / 17 / 2008	Υ
Candidate Name Rep. Fred Upton Office Sought: X House Senate Primary X General Other (specify) State: MI District: 06	Amount of Each Disbursement this P	-
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Senate Primary X General President Other (specify) ▼ State: MI District: 06	Category/ Type	
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SCHEDULE B (FEC Form 3X)

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<u></u>	Full Name (Last, First, Middle Initial) Simpson For Congress					action II	_		3	
	Mailing Address 1487 Parkway Drive					M / D			ž o ŏ 8	Y
	City Blackfoot	State Zip Code ID 83221			Amou	nt of Eac	ch Disb			-
	Purpose of Disbursement Candidate Name			11 egory/	L.			1	00.00)
	Rep. Michael K. Simpson	rsement For: 2005		/pe	-					
	State: ID District: 02	Primary X General Other (specify) ▼								
	Full Name (Last, First, Middle Initial) Nita Lowey For Congress					action II			9	
	Mailing Address PO Box 271				0 9	M / D	17	Y	ž o ŏ 8	Y
	City White Plains	State Zip Code NY 10605			Amou	nt of Eac	ch Disb		nt this F	
	Purpose of Disbursement Candidate Name Rep. Nita M. Lowey		Cate	11 egory/					000.00	
	Office Sought: X House Senate President State: NY District: 18	rsement For: 2005 Primary X General Other (specify)	-							
	Full Name (Last, First, Middle Initial) Friends Of Jane Harman				Date	action II	sement			V
	Mailing Address PO Box 96				0,8	M / D	17		ž o ŏ 8	
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	Candidate Name Rep. Jane Harman		Cate	11 egory/			•			•
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 38 / 51
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) American Podiatric Medical Association I	Political Action Committee		
Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee			Transaction ID: 15915048 Date of Disbursement
Mailing Address 76 Magnolia Terrace			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & N \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Springfield	State Zip Code MA 01108		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Richard E. Neal		Category/ Type	
Senate President	sement For: 2005 Primary X General Other (specify) ▼		
State: MA District: 02 Full Name (Last, First, Middle Initial)			Turnessian ID: 15001505
Cummings For Congress Campaign Con	mittee		Transaction ID: 15921585 Date of Disbursement
Mailing Address PO Box 1631			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 9 \\ 0 & 1 & 9 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 2 \\ 0 & 2 & 0 & 0 \\ 0 & 1 & 0 \end{bmatrix}$
City Baltimore	State Zip Code MD 21203		Amount of Each Disbursement this Perio
Purpose of Disbursement Re-designated funds for trans. dated 4/14/2008		011	2500.00
Candidate Name Rep. Elijah E. Cummings		Category/ Type	IMEMO ITEMI
Senate President	sement For: 2005 Primary X General Other (specify)		[MEMO ITEM] Re-designated funds for trans. dated 4/14/2008
State: MD District: 07 Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz			Transaction ID: 15922699 Date of Disbursement
Mailing Address 175 S. West Temple St	ite 650		$\begin{bmatrix}\begin{smallmatrix}M\\0\end{smallmatrix}9^{M}\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}2^{D}\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0\end{smallmatrix}008^{Y}$
City Salt Lake City	State Zip Code UT 84101		Amount of Each Disbursement this Period
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Candidate Name Mr. Jason Chaffetz		Category/ Type	
Senate President	ement For: 2005 Primary X General Other (specify)	71.	
State: UT District: 03			
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	ame (Last, F Brady For (First, Middle Initial) Congress									D: 1592 rsement	22700		
Mailing	g Address	1827 South Bro	ad Street						o ^M 9	M / E	22 /	y ž	0 ŏ 8	Υ
City Philac	delphia			tate PA	Zip Code 19148				Amou	nt of Ead	ch Disburs			erio
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Office State:	Sought:	X House Senate President District: 01		nent For: Primary Other (spe	2005 X General ecify)									
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or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
American Podiatric Medical Association P	olitical Action Committee)						
Full Name (Last, First, Middle Initial) Robert Aderholt For Congress				ction ID: Disburse		704		
			M M			Ý	0 0 8	Y
Mailing Address P. O. Box 1158 940 Hwy 13								
City Haleyville	State Zip Code AL 35565		Amount	of Each	Disburse			
Purpose of Disbursement		011				10	0.00	Ü
Candidate Name Rep. Robert B. Aderholt		Category/ Type						
Office Sought: X House Disburs Senate President	ement For: 2005 Primary X General Other (specify)							
State: AL District: 04								
Full Name (Last, First, Middle Initial) Tom Allen for Senate			Date of	ction ID: Disburse	ment	705	i	
Mailing Address Attn: Lori LaFave 200 east Jefferson Stree	t		09	[/] ^D 2	2 ' `	Ž	0 0 8	3 Y
City Falls Church	State Zip Code VA 22046		Amount	of Each	Disburse			
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Candidate Name Tom Allen		Category/ Type						
X Senate President	ement For: 2005 Primary X General Other (specify)							
State: ME District:								
Full Name (Last, First, Middle Initial) Bartlett For Congress Committee			Date of	ction ID: Disburse	ment	706		
Mailing Address P.O. Box 245 PO Box 3662			09	[/] ^D 2	2 /	Ž	0 0 8	3 ^Y
City Middletown	State Zip Code MD 21769		Amount	of Each	Disburse	men	t this f	Period
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Candidate Name Rep. Roscoe Bartlett		Category/ Type						
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NAME OF COMMITTEE (In Full)															
American Podiatric Medical Association F	olitical Acti	ion Committee	;												
Full Name (Last, First, Middle Initial) Bingaman 2012							Trans Date of				15922 nent	707	,		
Mailing Address PO Box 16210							o ^M 9	М	^D 2	2 2	2 /	Ź	0 0 8	3 Y	
City Albuquerque	State NM	Zip Code 87191					Amou	nt o	f Each	ı C	Disburse	men	t this	Period	1
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Full Name (Last, First, Middle Initial) Sanders For Senate							Date	of D	sburs	en					
Mailing Address PO Box 391							0 9	М	^D 2	2 2	2 / [Ž	0 0 8	3 Y	
City Burlington	State VT	Zip Code 05402					Amou	nt o	f Each	ı C	Disburse	-			1
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Candidate Name Mr. Bernard Sanders					egory/ /pe										
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State: VT District:		- 3 // \													
Full Name (Last, First, Middle Initial) Mike Thompson For Congress							Date	of D	sburs	en		2848	3		_
Mailing Address 5429 Madison Avenue							o ^M 9	М	^D 2	2 2	2 / [Ž	0 0 8	3 Y	
City Sacramento	State CA	Zip Code 95841					Amou	nt o	f Each	ı C	Disburse	-			_
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E	City Big Sandy Purpose of Disbu	reament		State MT	Zip Code 59520				Amou	nt of Ea	ach Disbu		t this P	erioc
Ō	Candidate Name Sen. Jon Teste					Ca	011 ategory Type	1		•			•	
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_	Mailing Address	P.O. Box 2000							0 9		D 2 2 /	2	0 Ď 8	_
F	City Portland			State ME	Zip Code 04104				Amou	nt of Ea	ich Disbu		t this P	-
ō	Purpose of Disbu Candidate Name Olympia J. Sno					Ca	011 ategory Type	7			•		,00.00	
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	Full Name (Last, I Adrian Smith F	First, Middle Initial) For Congress	I						Date	of Disbu	ID: 159			
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	City Scottsbluff			State NE	Zip Code 69361				Amou	nt of Ea	ch Disbu			-
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NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Committee Mailing Address P.O. Box 366 C/O C. Bruce Lawrence City State Zip Code Fairport Ny 14450 Purpose of Disbursement Candidate Name Rep. Louise McIntosh Slaughter Office Sought: X House President State Senate Primary General Primary Genera			Detailed Su	mmary Page		21b 27	22 X 28a	28b 2	.8c 29	
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NAME OF COMMITTEE (in Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Committee To Elect Madeleine Z. Bordallo Mailing Address P.O. Box 2448 City State Zip Code Hagatina GU 96932 Purpose of Disbursement Del. Madeleine Bordallo Office Sought: X House Senate President Candidate Name President Candidate Name Candidate Name Candidate Name Candidate Name City State Zip Code Primary X General Other (specify) ▼ Transaction ID: 15925924 Date of Disbursement To 15925925 Date of Disbursement To 15925925 Date of Disbursement To 15925925 Disbursement To 2005 Disbursement To 2005 Disbursement To 2005 Disbursement To 2005 Date of Disbursement To 2	TEMIZED DISBURSEMENTS	, ,	21b 22 X 23 24 25 27 28a 28b 28c 29
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District: 03

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SCHEDULE B (FEC Form 3X)		LINE NUMBER: PAGE 51/51
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	
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NAME OF COMMITTEE (In Full) American Podiatric Medical Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dan Lipinski for Congress Mailing Address 5838 South Archer Aven	ue	Transaction ID: 16025922 Date of Disbursement M 4 M / D 2 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State Zip Code IL 60638	Amount of Each Disbursement this Period
Purpose of Disbursement Funds Reported On May 2008 Monthly Report Candidate Name	011 Category	1000.00
Daniel Lipinski Office Sought: X House Disburse	Type ement For: 2008 Primary General Other (specify)	[MEMO ITEM] Funds Reported On May 2008 Monthly Report
Full Name (Last, First, Middle Initial) Dan Lipinski for Congress Mailing Address 5838 South Archer Aven	ue	Transaction ID: 16025923 Date of Disbursement M M M / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago Purpose of Disbursement	State Zip Code IL 60638	Amount of Each Disbursement this Period 1000.00
Redesignation of funds Re-designated funds for tr Candidate Name Daniel Lipinski	ans. dated 4/29/2008 011 Category Type	
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SUBTOTAL of Disbursements This Page (optional)	•	0.00
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State: IL